

CLAIMS ONLY							Application Number <div style="text-align: center;">10/067,672</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
4		/		/		/	54				
5		/		/		/	55				
6	/		/		/		56				
7		/		/		/	57				
8		/		/		/	58				
9		/		/		/	59				
10		/		/		/	60				
11		/		/		/	61				
12		/		/		/	62				
13		/		/		/	63				
14	/		/		/		64				
15		/		/		/	65				
16		/		/		/	66				
17		/		/		/	67				
18		/		/		/	68				
19		/		/		/	69				
20		/		/		/	70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3		7		3		Total Indep				
Total Depend	17		17		17		Total Depend				
Total Claims	20		20		16		Total Claims				